

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107050710**

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
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TOTAL IND.	3		↓		↓	
TOTAL DEP.	1	C	↔		↔	
TOTAL CLAIMS	13					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.		↓		↓	
TOTAL DEP.		↔		↔	
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS